



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050

September 17, 2013

PERSONAL DELIVERY AND CERTIFIED MAIL
7007 1490 0003 4202 1563

Provider
Valley House
401 South Eastern Road
Spokane WA 99212

Assisted Living Facility License #2151
Licensee: Valley House Inc.

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS
IMPOSITION OF CIVIL FINE, AND
IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

This letter constitutes formal notice of a stop placement order prohibiting admissions, the imposition of civil fines, and the imposition of conditions on the license to your assisted living facility located at **401 South Eastern Road, Spokane**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

The stop placement order prohibiting admissions, the imposition of civil fines, and the imposition of conditions on the license for your assisted living facility is based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on August 29, 2013.

WAC 388-78A-2630(1)(a) Reporting abuse and neglect.

\$300.00

\$100.00 x 3 staff members

Three facility staff members failed to report abuse to department hot line.

WAC 388-78A-2660(1)(7) Resident rights.

70.129-130(1) Abuse, punishment, seclusion—Background checks.

\$1,000.00

\$100.00 x 10 residents

The facility failed to protect ten residents from verbal abuse by staff.

WAC 388-78A-2660(2)(4)(6) Resident rights.

RCW.70.129-140(1)(2)(c)(d) Quality of life—Rights.

\$900.00

\$100.00 x 9 residents

The facility failed to provide nine residents with a quality life of dignity, choice and resident rights.

WAC 388-78A-2660(1)(2)(4) Resident rights.

RCW.70.129-060(2) Grievances.

\$1,100.00

\$100.00 x 11 residents

The facility failed to address and respond to grievances expressed by 11 residents.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Lori Heiner, Field Manager

District 1, Unit B

316 West Boone, Suite 170

Spokane, WA 99201-2351

Phone: (509) 323-7324 / Fax: (509) 329-3993

The stop placement order prohibiting admissions to your assisted living facility is effective immediately upon notice to you by telephone on **September 17, 2013**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Jo Whitney at (509) 225-2823.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

The department, based on the findings of the inspection, has determined that the following conditions shall be placed on your license:

- *The facility must contract with a consultant, at their own expense, to teach administrator, licensee and all staff on resident rights.*
- *The facility administrator must take an approved administrator training course as outlined in WAC 388-78A-2521, and obtain certification, at her own expense by November 30, 2013.*
- *Administrator must meet with Field Manager and Assisted Living Facility licensing staff and local Ombuds (if available) to discuss resident rights.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the condition on your license is **September 17, 2013**. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$3,300.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

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If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

You may contest the stop placement order prohibiting admissions, the imposition of civil fines, and the imposition of conditions on the license to your home by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies report must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

As provided in RCW 18.20, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies.

To request an informal dispute resolution meeting, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the specific deficiencies and/or enforcement action(s) that are disputed;
- Explain why you are disputing the deficiencies and/or enforcement action(s);
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice and Statement of Deficiencies report.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

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If you have any questions, please contact Jo Whitney at (509) 225-2823.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist
RCS Field Manager – District 1, Unit B
RCS District Administrator – District 1
HCS Regional Administrator – Region 1
DDD Regional Administrator – Region 1
Washington State Long Term Care Ombuds
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: __Valley House_____

ADDRESS: __401 South Eastern Road, Spokane WA 99212 _____

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: __Jo Whitney_____, Field Manager, Region 1 Unit B

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Licensee or Designee Signature

Date